



PATIENT

Beethoven Trapasso

SPECIES

Feline

BREED

Domestic Longhair

SEX

Neutered male

AGE

13 years

WEIGHT

8.5 lbs

INTERPRETED BY

Remo Lobetti, BVSc,
MMedVet (Med),
PhD, Dipl. ECVIM

IMAGING PERFORMED BY

Danielle Shemanski,
DVM, MA

HOSPITAL NAME

Western New York
Veterinary Service

REFERRING VET

Dr. Nealey

INVOICE

77801

DATE

5/20/26

PRESENTING CLINICAL SIGNS

Reason for referral: Decreased appetite for the past three months, on and off. Weight loss.

Brief Patient History

- Hyperthyroid, diagnosed in 2025. Recent thyroid level back to normal range.
- Blood work from April 13, 2026, showed increased white cells, mild elevation in ALT, and potassium.
- Anorexia x 3 months.
- Decreased serosal detail on x-ray.
- Herringbone pattern in lungs.
- Small intestinal thickening.
- History of loose stools for a few weeks, no blood. No vomiting.
- Indoor only, but has been allowed outside for enrichment recently.

Eating wet, high-calorie kitten food. Drinking normally.

CLINICAL SIGNS:

- Rapid weight loss over the past couple of weeks, which has now plateaued in the last 3-4 days.
- Owner reports he is always hungry. - Energy level is less than typical, but still walking around, exploring outside, and going up and down stairs.
- Has a hoarse meow, which is not normal for him.

MEDICATIONS: cerenia SID, mirtazepine q 72 hrs, fortiflora SID

Bloodwork (04/13/2026) MCHC 26.0 g/dL WBC 18.3 10^3 /uL H NEU# 14.8 10^3 /uL H MON# 2.4 10^3 /uL H ALP 155 U/L H ALT 156 U/L H K+ 6.4 mmol/L H

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is full with a normal thickness and smooth appearance of the wall. A small amount of floating, hyperechogenic sediment.

Normal appearance of the trigone area, proximal urethra, and iliac blood vessels.

Normal appearance and size of the iliac lymph nodes. Ureters not visualized, which can be considered a normal finding.

Normal renal size (left measured 4.7 cm, right measured 5.2 cm), architecture, echogenic appearance, cortico-medullary differentiation, which maintains a 1:3 cortex to medulla ratio, pelvis, and capsule. No infarcts, mineralization or renoliths evident.

Adrenal Glands

The left adrenal gland is normal in shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.35 cm in width. The right adrenal gland was not visualized.



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Spleen

Normal size and echogenic appearance. Smooth homogenous parenchyma and regular curvilinear capsule. Normal volume of the splenic vasculature without any overt congestion or thrombosis evident. No inflammatory, neoplastic, infarction, or infiltrative changes evident. The spleen measured 0.9 cm in width.

Liver

Normal size, echogenic appearance, portal markings, and regular curvilinear capsule. No nodules evident. Focal, hypoechoic parenchymal mass on the caudal aspect of the left lobe measuring 1.5 x 2.3 cm. Normal appearance of the hepatic and portal vasculature.

Gallbladder

The gallbladder is small containing normal anechoic bile. Normal thickness and echogenic appearance of the wall. Normal size and appearance of the cystic and common bile duct.

Gastrointestinal

Normal appearance of the stomach, small intestine, ileo-cecal junction, and colon with no loss of layering, 1:3 muscularis to mucosa ratio, normal wall thickness and peristaltic activity, and no distension of the lumen. A hypoechoic mass was noted in the proximal duodenum measuring 1.3 x 3.8 cm in size with no luminal obstruction evident. The rest of the duodenum has a normal appearance with no loss of layering, 1:3 muscularis to mucosa ratio, normal wall thickness and peristaltic activity. FNA of the duodenal mass was taken.

Pancreas

Normal size and echogenic appearance with a regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

Normal mesenteric lymph nodes measuring up to 0.6 x 1.3 cm in size with a hypoechoic appearance and a rounded shape.

A small amount of ascites is present.

ULTRASONOGRAPHIC FINDINGS

- Duodenal mass.
- Mesenteric lymphadenomegaly.



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- Hepatic mass.
- Ascites.
- Urinary bladder sediment.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

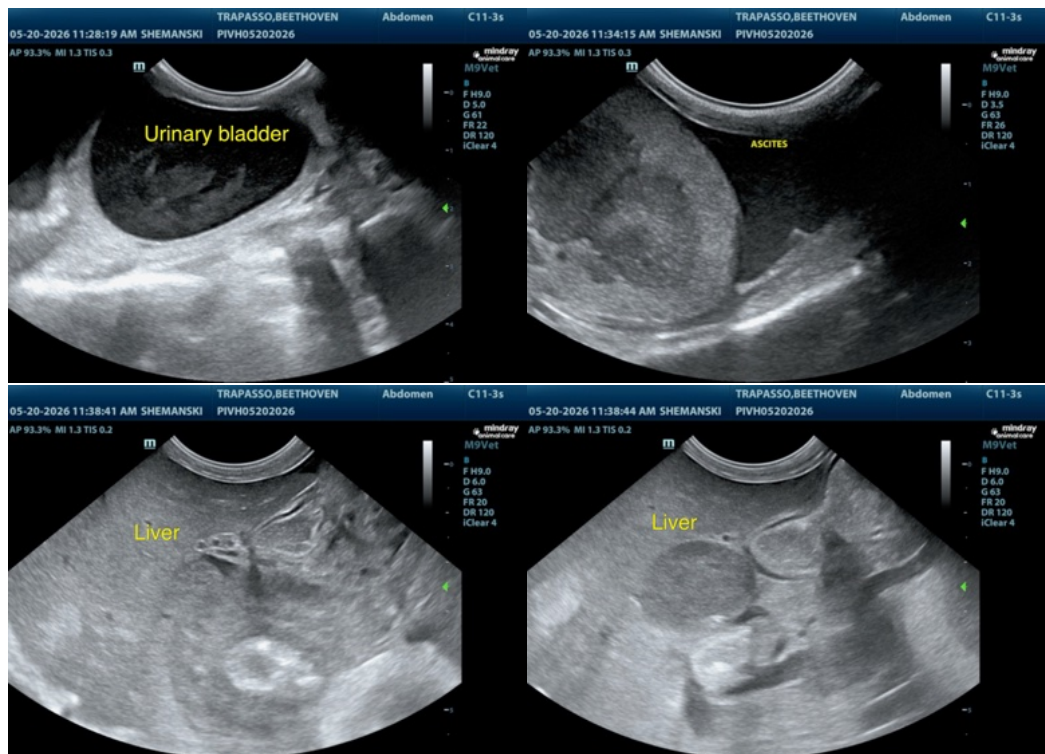
With the appearance of the duodenal mass, hepatic mass and mesenteric lymphadenomegaly.

The most likely diagnosis would be lymphoma with granulomatous a less likely differential diagnosis.

The ascites can be ascribed as secondary to the duodenal mass and mesenteric lymphadenomegaly.

The urinary bladder sediment is most likely incidental debris with crystalluria and bacterial cystitis a less likely differential diagnosis.

Further assessment and therapy needs to be based on the pending cytology results.





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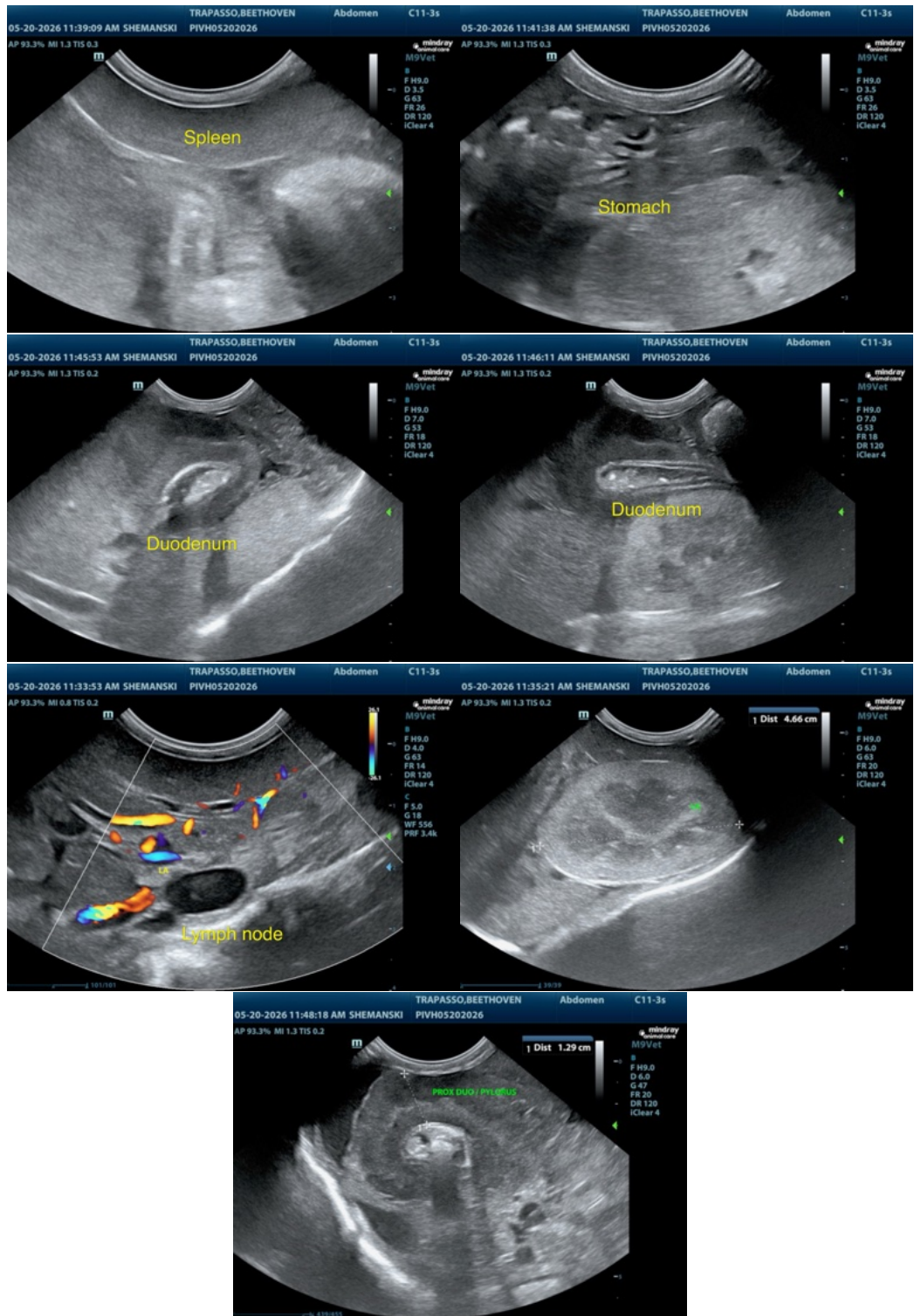
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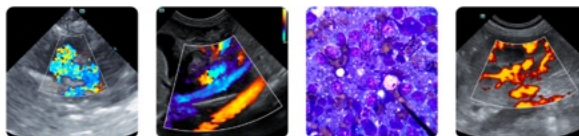
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology



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that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM (Internal Medicine)

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